Clinical Section

"I Sware By Appollo"

by J. C. Hossack, M.D., C.M.

Presidential Address delivered at the Annual Meeting of the Winnipeg Medical Society, May 15, 1942

It is customary for those who are nearing the term of their days to turn their thoughts to that part which they deem immortal. During the past months we have had much to say about what might be called the body of medicine—that part of it that grows and develops and changes. Now, in the dying minutes of this session let us consider the immortal part of medicine—its spirit.

Had I a magic carpet whereon I could transport you through time and space, I would take you back over two thousand years and set you before a Greek temple. There you would see white-clad youths with eager and earnest faces chanting in solemn unison "I swear by Apollo."

"I swear that I will use treatment to help the sick according to my ability and judgment, but I will never use it to injure or wrong them. I swear that I will not be influenced by the wealth or poverty of my patients, by their hope or their credulity or their fear, by their color or creed or caste, but to every one I will give my service to the full and without stint. And I will give neither to man nor to woman anything whereby he can do injury to himself or others, not even if he should offer a great sum. And whatsoever I see or hear that ought never to be published abroad, I will not divulge but consider such things holy. And I will do only those things that I am fitted and trained to do. In purity and holiness I will guard my art. Into whatsoever houses I enter I will do so to help the sick, keeping myself free from all wrong-doing.

"Now if I keep this oath and break it not, may I enjoy honor in my life and art, among all men for all time; but if I transgress and forswear myself may the opposite befall me. And all this I swear by Apollo."

An oath similar to this is to be found on the walls of countless consulting rooms. We call it the Oath of Hippocrates, but we know that it was old when Hippocrates was young; nor was it altogether new when Imhotep, 4000 years ago, stepped forth from the dim mists of antiquity—the first physician whose name we know. Indeed in every ancient civilization of which we have record, physicians have been bound by almost identical oaths. The sentiments so expressed must therefore be regarded as the essence of medical practice, the spirit of medicine.

Now, while every practitioner is aware of the existence of the Oath, and many are familiar with its wording, not all realize its significance. It is the ethical basis of a profession in many ways unique. Because we are so busy practicing it we do not always appreciate the uniqueness and singularity of medicine—let me, then, remind you of it.

Of all professions medicine is the most ancient. While man was a nomad his life did not greatly differ from that of his prey. The ebb and flow of tides, the waxing and waning of the moon probably aroused neither his interest nor his fancy. Only when he had settled down and had acquired leisure did these and other natural phenomena stir his thoughts and lead him to weave upon the loom of his imagination the variegated tapestry of his religion. Still later he found need for rules to govern his increasingly complex relationship with others and so formed laws. But medicine was born the first time some primitive ancestor plucked a thorn from a comrade's foot or strove in some simple way to ease suffering or make death less certain.

Moreover, I think we can claim for medicine that it is the most honourable of the professions. Its ways are the ways of peace. From the beginning of time there have been wars. Most of them have been waged by the strong and greedy to obtain possession of things not theirs by right. The bloodiest and cruelest wars of all were those waged by ideologists, religious or otherwise, seeking to inflict their dogmas upon others. In all of these wars doctors have been active, not inflicting wounds but mending them; not taking lives but saving them, for the friend first but also for the foe. That spirit still prevails. We know that prisoners in our hands are well cared for, nor can we carry our bitterness so far as to believe that any enemy surgeon would withhold his skill from our wounded. The spirit of the Oath is universal. To the physician the welfare of the sick comes before all things else. Not only in our community or country but all over the world.

The fact is that we have more in common with the doctors of enemy countries than we have with our next-door neighbors. The purpose and mission of all doctors everywhere is the same—to make life longer, healthier and happier. Their interest is a universal one. They do not limit their efforts to benefit one race only, one single country. They pool their knowledge so that all humanity may benefit. Their outlook is completely international.

So international is it that, in normal times, great conventions are held to which men go at much personal expense and from every country. There they meet to tell and to learn how disease can be overcome and life prolonged. In smaller spheres they fortify each other with their knowledge and experience. There are no secret weapons in the war against disease. It is no flight of imagination to see in this concern for human welfare the ideal of a world order which transcends anything yet dreamed of by politicians. Indeed, if the politicians and statesmen would deal with political and economic ills as we deal with the ills of the flesh, what a brave new world they would create for our enjoyment. The republic of medicine comes nearer to being a true universal brotherhood than anything yet conceived or conceivable.

In no other profession is there so close a union the world over. When lawyers of different nations come together it is in order to make laws to govern the countries at war. Scientists are chiefly interested in solving nature's riddles; they are not primarily concerned about the potency for good or ill of a discovery, but with the discovery itself. Theologians have no common ground whereon to meet. To merchants and business men international relationships are a business affair. The physical welfare of even their own employees touches them only as an economic problem. The well-being and welfare of the human race is neither the business nor the interest of these groups. To the doctors it is their chief and, indeed, their only concern. They are bound together by this common ideal.

And I do not think I am wrong when I say that the practice of medicine supplies its practitioners not only with an ideal but with a creed. We are generally regarded as being irreligious. "For my religion," says Sir Thomas Browne, "there be several circumstances that might persuade the world that I have none (as the general scandle of my profession, the natural course of my studies, the indifferency of my behavious and discourse in matters of religion, neither violently defending one, nor with that common ardour and contention opposing another.") That might be said of most of today. The "general scandle of our profession" is not diminished and has never been lacking.

But that indifference with its freedom from prejudice applies only to creed and ritual. No group, I am persuaded, is more indifferent to creed, more careless of form, less impressed by ritual, than are we. But I am persuaded also that in the true sense of the word there is no more religious body than ourselves. We inspire faith, we arouse hope, for our charity we are proverbial. These three cardinal virtues are our daily practice. Our lives are governed by them and devoted to them. We are little concerned about the esoteric abstractions of the theologians. To us life and death are real, concrete, tangible. Our daily task is to prolong this lif for everyone until, in due season, each "glide through slumber to a dream, and through dream to death."

As individuals, doctors may accept or rejec the claims of orthodoxy, but few are disloyal t the practical creed embodied in the Oath. Cred ulity, anxiety, ignorance, fear, these are invita tions to dishonesty and chicanery; yet how fe there are, even in the largest cities, who stoo to take advantage of them. Taking it by an large, doctors practice honestly.

As Osler said in one of his addresses: " 'Ti no idle challenge which we physicians throw ou to the world when we claim that our mission i of the highest and of the noblest kind, not alon in curing disease but in educating people in th laws of health ind in preventing the spread o plagues and pestilences; nor can it be gainsai that of late years our record as a body has bee more encouraging than those of the other learn ed professions. Not that we all live up to th highest ideals, for from it—we are only me But we have ideals, which means much, and the are realizable, which means more. Of cours there are Gehazis among us who serve for shek els, whose ears hear only the lowing of the oxe and the jingling of the guineas, but these ar exceptions; the rank and file labour earnestl for your good, and self-sacrificing devotion t your interests animates our best work." In thi sense medicine may be considered as a syste of practical non-clerical religion.

We are bound by a common ideal and a com mon creed, both of which are peculiar to ou craft. We are further set aside from our neigh bours by what one may call the mystery that w practice. Medicine is definitely a mystery to th layman. No lay person can understand the pro cesses and vagaries of disease. No layman ca understand the rationale of treatment. He can not see, as we can see, the obstacles and handi caps that retard and defeat our efforts. He ca neither comprehend nor appreciate our wor nor can he judge of it. Yet these facts do no deter him from sitting in judgment upon us weighing us in his lop-sided balance and, to often, finding us wanting. The fact is that n one can properly assess a doctor's ability or eve his honesty, except another doctor. Indeed th layman's ignorance is so great and his judgmen so fallacious that he sees little to choose betwee orthodox and irregular practitioners.

There is nothing new in all this. Here i what Francis Bacon said in 1605:

"The lawyer is judged by the virtue of hi pleading and not by the issue of the cause. Th master of the ship is judged by the directing o his course aright, not by the fortune of the voy age. But the physician hath no particular act demonstrative of his ability, but is judged mos by the event; which is ever as it is taken; fo

who can tell, if a patient die or recover, whether it be art or accident? And therefore many times the impostor is prized and the man of virtue taxed. Nay, we see the weakness and credulity of men is such, as they will often prefer a mountebank or a witch before a learned physician."

Unfortunately this ignorance and lack of discernment on the part of laymen leads them to be suspicious of us. It is instinctive in human nature for people to fear and distrust that which they do not understand; individually each may, and does, regard highly the one or two doctors he has come to know and trust. But the body of the profession remains strange and therefore baneful. The laity cannot separate what is good in treatment from what is bad. Nor can they appreciate altruism. They find it hard to believe that the laws against irregular practice are for their own protection. They see in these a subtle way of getting rid of competition, a form of persecution. They read stories about medical black sheep and think the whole flock must be black. So has it been for ages. The few nice things said about doctors in the Bible are found in the Book of Ecclesiasticus which was written by a doctor. The classical authors vied with each other in traducing the profession. Pliny and Juvenal found more to praise in the quacks than in the orthodox physicians of their times. In every age it was the same although now we find authors who can praise us as well as those who have only blame. The profession as a whole has never been popular. This misunderstanding of our aims, actions and ideals tightens the embrace in which we are already folded by the arms of purpose and greed.

These three things—a common ideal, a common creed, and popular misunderstanding — make us a body singular and unique; an ethical body whose spirit is the Oath. One might expect this ethical union to be reflected in an economic or political union. Many laymen are firmly convinced that such a union does exist. Indeed they speak of it as if the strongest labour unions were weak by comparison. Again they misinterpret the facts and assume that action in common is the result of executive command instead of being the spontaneous result of a common interpretation of our principles.

Our cohesion, strong in the ethical sphere, is strong nowhere else. Medicine is such a personal thing, doctors are so individualistic that they tend to remain in isolated units. Each one wants to conduct his business in his own way without any outside guidance. He is jealous of his prerogatives, proud of his independence, and unwilling to see them touched. But the prerogatives and independence which he prizes so highly, which for centuries have seemed to be inviolable and eternal, are no longer secure. Changes in the world about us have brought medicine out of its seclusion and into the social and economic fields. The importance of national health has made medicine important in a new way; and now for perhaps the first time in our history our chief problems are economic and political.

And these are the problems we are least prepared to meet. Our tradition, our altruism, the nature of our work and our attitude towards it tend to make us politically disparate while the present trends demand that we be united. Two trends in particular affect us: the growth of public health services and the socialisation of medicine.

Preventive medicine is chiefly responsible for the increased longevity that mankind now enjoys. It has removed many things that threatened and destroyed life in the past. It has been most successful in the hands of those who are interested in people as a whole and not as individuals. Little by little its scope has extended and continues to extend. It now infringes more than ever on private practice. Patients go in larger numbers to government, municipal and hospital clinics for inoculations and treatments that they used to get privately. During the past months I have been told of many instances where well-to-do people have taken advantage of this free service. Some doctors find this a cause for concern. They are afraid that what, at the moment, only pinches them gently may, later on, grip them harshly. They question if it is necessary to do so much for so many for nothing. They feel that they should not be excluded from the preventive field unless some other is opened to them.

Thus preventive medicine offers a certain threat; a second one lies in socialized medicine. The socialization of medicine is coming as surely as tomorrow's dawn. It is the natural result of public demand for adequate, complete, medical service. Under ordinary circumstances complete diagnostic and therapeutic care is so costly that only the very rich and the very poor can afford it. Those of limited means must too often be content with a minimal research into the nature of their ailments. This obviously is not enough either for doctor or patient. It is pleasant to see a way of escape from the prison of disease but grievous to find the way barred by a port-cullis of insufficient means.

The high cost of medical care has led people to form health groups in which they get reasonably wide service at small cost. These groups have caused a good deal of concern. They draw their members from other practices. They have proven popular and successful, and as they threaten to become more numerous, anxious practitioners worry about the effect upon themselves. They see their patients leave to join one group or another. They visualize the community cut into sections like a pie with themselves licking hungry lips.

Yet no one can deny the desirability of inexpensive and complete medical care for all—some plan that will include everyone, the indigent as well as the better-off. No wonder then, that state medicine looms up in the offing. It is the only solution. State medicine is coming. It is almost here. How will this drastic change affect our ethical body and its ancient, vivifying spirit?

How it will affect us will depend upon how active we are in our own interests. We cannot expect legislators to look at things as we do. They are influenced by the layman's ideas and prejudices. Distrust begat by ignorance, the fear of establishing a medical monopoly, perhaps a solicitude for those who practice methods we do not countenance; these motives may lead them to oppose what we believe and know is proper for the public good and our own protection.

When legislation comes to be discussed it will be laymen who will have the chief say. We must not forget that to all laymen, whatever may be their rank and prominence in other spheres, medicine is a mystery which is sealed to them. In our desire, or need, for lay support, we must remember that otherwise intelligent laymen are blind to what is false and what is true in matters of health. By many who should know better the impostor is prized and the man of virtue taxed. We cannot trust our fate and our fortunes in such hands; we can trust them in no hands but our own and so, these hands must be made strong.

Some months ago when I was busy in the gathering of new members, quite often a prospect would say: "What good is the Winnipeg Medical to me? What will I get out of it?" To these I would say: It is worth nothing to you and you will get nothing out of it until you first of all put something in and that something is the strength of your membership. Strength of numbers is essential. At the moment a spokesman charged by you with a message to any lay body can say with truth that he speaks for almost every doctor in the district.

But our district is only part of the province and a very small part of the Dominion; only if every district society and every provincial association were equally strong, would it be possible for Provincial and Federal Presidents to speak in that same clear voice of strength and not, as now, in the whisper of weakness. What has been done by our society can be and should be done throughout the Dominion. The uncertainty of the future can be met with greater equanimity if we are sure of ourselves. Where our path may lie in the years ahead no one can tell, but this is certain—if we are organized and united and agreed, it will be a path of our own choosing and not one into which we are driven by circumstances over which we have lost control.

It is true that in times past we have unite to face some great threat and therein shown ou strength, but no sooner had the threat been re moved than the temporary union was dissolve Against minor threats there has been no unio Practitioners contending against conditions tha are obviously, grossly, unfair, can turn to no on for help in their fight. They are therefore indi ferent towards associations which appear to b indifferent towards them; a dangerous indiffer ence on both sides.

For their part the associations feel that the have a claim on the loyal support of all the pro fession. But loyalty is not a thing which can b demanded, or taken for granted. It is given onl to those who deserve it. It is in a sense paymen for services rendered by the governors to th governed: and, as it is with individuals, so is i with associations—they profit most who serv best. The provincial and federal associations d not enjoy that loyalty and support which mus always be their principal source of strength. reason for this is, I think, the fact that the stand remote from most of us. They do no bring their affairs into our bosoms and busines sufficiently closely or sufficiently often. A close liaison, a more obvious interest in the affairs o the medical man in the street would result i a better understanding on our part and an in creased strength on theirs. Increased strengt is essential. With it, when our concerns are dis cussed before lay bodies, those who speak fo us can speak for all of us and not, as now, for fraction. And they can speak to better purpose for how can any argument be strong when th speaker must admit that he speaks for only part of the profession? And how are we likel to fare in matters of grave moment if we sho lack of unity?

You may ask what this has to do with th spirit of medicine. But the spirit of medicin and its body are so thoroughly interwoven tha what affects one will not leave the other un touched. The conditions existing in those place where lay bodies have bent the profession t their will, show that when the body is oppresse the spirit suffers. If we are compelled to prac tice as a lawyer or a politician thinks we should and at fees he thinks proper, the quality of ou service will decline. If we quarrel or discrim inate among ourselves disaster will be hastened

Against this threat our sole defenses ar the medical man in the street, would result i our own fraternity and solidarity. Medicine is universal fraternity with its common ideal common creed, common mystery. The spirit o the oath governs our oath towards our patneit Why not apply it to ourselves? And I be seech ye, let there be amongst ye neither Je nor Gentile, Barbarian nor Greek, but brethre only; for our craft knoweth not a man by hi garments nor by the temple wherein he prayeth but is one fellowship".

And solidarity is no longer merely desirable. Isolation, never splendid, is everywhere extinct or proceeding to extinction. We must abandon the egocentric attitude of the past with its querulous, "What will I get out of it?" Instead we must carry the spirit of the Oath beyond the bedside and into our professional community life. As we look upon our patients so must we look upon our fellows and our associations and ask "What can I do to help?"

Inspiring all our beneficent efforts is the spirit of medicine. Like a sacred flame first lit in remote antiquity, it has in all ages and in all countries illumined the way of the healer. Of that flame we are the immediate and temporary custodians. It is our duty to shield it from being extinguished. And how can we do that better than by forming a unified profession, a profession vowed to maintain its high standards and vowed also to maintain the dignity and prerogatives of its members, and strong enough to do these things. If we succeed in this then we can look forward to a golden era in medicine when every one from the highest to the lowest will enjoy the full benefits of our skill and knowledge without the financial and economic distress that now adds so heavily to the burden of ill health. And we in turn will be spared the annoyances and abuses that we now endure.

What is more, the young men of the future will still see visions when they turn to medicine as a career; and they, too, swearing by all they hold most sacred, will take their ancient oath as sincerely, as earnestly, as eagerly as men did in those far off times when they swore by Apollo.

Practice In The Yukon

by Allan Duncan, M.D.

For the past nine years it has been my pleasure to be engaged in medical practice in the Canadian Western Sub-Arctic. There are some unique features about my work in this area and it is a few of these that I would like to mention.

In the first place it may interest one to know that the Yukon is a mass of mountain, lake and muskeg lying astraddle the north-west corner of this continent. It is provincial in size; largely ignored because of its remoteness, and yet is truly the last vast area of potential wealth, the last great frontier, left on this continent.

The Yukon has been storied by the pioneers of the Trail of '98 but if I do nothing else in this article I would like to have you forget the past and bear with me while I tell you of the modern Yukon, its potentialities, its hardships and its rewards. It is not within my power nor within the scope of my expression to tell you of the vast collateral that your north holds in unexplored wealth; nevertheless, I feel I must emphasize this point even in an article of this kind. Can you visualize tens of thousands of miles of mineralized mountain, unnamed lakes that stretch to the horizon even from a plane? I have flown for hours at a stretch over these uncharted lands and when recalling their sheer magnitude, I have felt that Canada has a physical heritage invaluable.

Our life in the Yukon is very similar to living in a medium-sized town on the prairies. Most of my time is spent treating the same run of medical and surgical cases seen in any general practice with the rather significant exception that we in the Yukon have to accept final responsibility for everything from cataracts to bunions. There is no shifting of one's worries to Specialists in a country as isolated as the Sub-arctic. This very fact brings added satisfaction in successful cases and, conversely, a sense of personal inadequacy in those cases in which you fail because of the lack of special experience and knowledge. I would recommend a year's confinement with two or three thousand people, isolated by fifteen hundred miles of mountain from the nearest consultant, for any medical man who is beginning to feel that he has mastered medicine. It is remarkable the variety of human ills and one's ignorance therein. I have learned to appreciate since going north the value of trained technical assistance, X-rays, laboratory work, etc., after having had to learn to do much of this myself. When next you criticize the detail of your prepared X-ray film or feel like throwing an instrument at the scrub-nurse, ponder on how you, personally, would or could take a better picture or sterilize a set of eye instruments.

A small proportion of our work is in the attendance of the Indian population. Most of their serious trouble is the result of tuberculosis. Many of heir primitive customs still survive. One day I was called to treat a native woman with obstructed labour. We walked several miles to her decrepit log cabin and entered its darkened interior. Arranged around the periphery of the dingy room several squaws squatted on the floor like silent Buddhas. A pole had been suspended across the room a few feet from the floor and over this pole the parturient woman was being angled face down with squaws pulling her hands and feet. Pressure thus exerted on the abdomen was supposed to hasten delivery. While examining the patient as to the cause of the trouble, she poured out a torrent of profane Indian to the attendant squaws. The latter rose one by one, spat in turn upon the floor, and disgustedly left. It was some time before I realized that they were unaware that the rectal examination had obstetrical import and that they considered such an error in orientation inexcusable.

I would like to mention our weather. In word, it is cold. The extreme is about sixty-fi below zero, generally with no wind. Let me a however, that twenty below with a Manito wind is much more uncomfortable than the Y kon's extreme frost. Waiting for a street c at the corner of Portage and Main in Winnip clad in spats and Fedora hat, really qualifies man to live right up to the Arctic circle. T winter darkness is depressing at times, the sta staying bright up to ten a.m. and reappeari about two p.m. The moon shines practically t whole day through, casting a bluish haze ov the all-encompassing stillness. This silence so complete as to be supernatural. Northe lights frequently flash across the sky so clo overhead that one hears their silky swish co trasted against the Arctic silence. When t northern lights are bright the radio fades a booms at random. Following the protracted wi ter the northern spring breaks upon us wi startling suddenness. One day the snow is thi upon the ground; the next the crocuses are o the geese, cranes and ducks are in the skies, t birds singing throughout the night that is on twilight. The summers are short and intens all nature seems to be in a hurry to reprodu before the late September frost returns to claim the few inches of ground that the summ sun had thawed from the perpetually froz earth.

Economically we rely upon gold minin Mammoth electrically driven dredges scoop a wash millions of cubic yards of musk and gra yearly to produce an annual output of about t to three million dollars worth of gold. Most this placer gold is found in the Klondyke riv valley and its adjacent streams. The gold is fr of physical combination with rock, only requ ing to be washed out of the ground and then be smelted into bricks. Our dredges are mu the same as those used to mine tin in Malaya a platinum in South America.

Travel in the Yukon varies with the seaso In summer a fleet of paddle-wheeled steame ply the Yukon river from Whitehorse to Fa banks. These steamers are similar to the M sissippi variety of Mark Twain's day. In wint the airplane has become all important for lo trips, but the dog team is still indispensable the trapper and prospector.

I have attempted to give you a short pictu of the new Yukon. This is the part of your cou try that a new highway is going to tap in t next year. It is a country that you may som day visit in your car. When you do, I think y will agree with me that this last great Unknow was well worth the attention of the Canadi people.

Editorials and Association Notes

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The Management of Hemiplegia

Hemiplegia is a common condition in which certain aspects of diagnosis and treatment are frequently overlooked.

The causes may be listed as follows:

Cerebral Arteriosclerosis leading to thrombosis, or more rarely, to haemorrhage.

Embolism from Rheumatic Mitral disease, Coronary Thrombosis, Infective Endocarditis or Patent Foramen Ovale.

Brain Tumor, Primary or Metastatic.

Syphilitic Thrombosis.

Brain Abscess.

Of 41 hemiplegics coming to post-mortem, 2 had undiagnosed coronary thrombosis, many of which had been painless.

Cerebral Thrombosis may have as predisposing causes, hypertension or diabetes, leading to premature cerebral arteriosclerosis; or shock, giving a fall in blood pressure and a slowing of the cerebral circulation.

In differentiating between thrombosis and haemorrhage, the former is more apt to have been preceded by prodromal transitory weakness or numbness, and more apt to come when at rest, while haemorrhage is more apt to be associated with coma, with blood in the C. S. F. and with non-survival.

Examination of the hemiplegic for power, tone, and reflexes is routine, but many omit searching for hemianaesthesia and hemianopia. If these are present either the lesion or oedema resulting from it, is of greater severity, extending far back in the internal capsule.

Treatment

Treatment is the most neglected part of the subject. Lumbar puncture may be cautiously performed with the stilette tip not wholly removed from the needle, for diagnostic purposes, or to relieve increasing intracranial pressure. The air-way and the bladder must be watched. Patients unabe to swallow should be fed by introducing an Ewald tube t.i.d. Restlessness is countered by bromide and chloral, or morphine. The important points in the care of those who survive the acute stage are to browbeat the relatives or nurse into doing full passive movements of the joints of the paralyzed limbs daily, to prevent the common and crippling arthritis or adhesions which so frequenty occur, and to encourage the patient to work persistently at active movements. As soon as slight power has returned to the leg the patient may be supported in the upright position and urged to try to walk. Power may commence to return even a month or more after the attack if encouragement is continued persistently. In the same way aphasia is countered by practice in speaking and reading aloud. The clumsy hand is encouraged to tie knots, do up buttons, write and sketch.

There is great satisfaction in seeing a neglected case learn again to walk and talk, delivered from a living death. —F.G.A.

Obituaries

Dr. Corrigan

Dr. Corrigan was born in Milton, Ontario, and graduated in Medicine from Trinity College in 1896. He at first practiced in Minnesota and located at Lampman, Saskatchewan, in 1910, where he conducted a busy general practice until ill-health forced his retirement last autumn.

Dr. Corrigan represented the finest type of general practitioner. In spite of the immediacies of general practice he kept himself well informed in the progress of all branches. In his small hospital he conducted up-to-date investigation and did his own surgery. He became a fellow of the American College of Surgeons in 1927. He maintained a fresh and progressive point of view throughout his long career, and contributed several articles to the Canadian Medical and other journals. Within a few hours of his death he was busy preparing a case report for publication.

He is survived by his widow, one daughter, Miss Lorraine Amos, and one son, C. E. Corrigan, F.R.C.S., Capt. R.C.A.M.C., who is now on active service overseas.

Dr. Angus A. Fraser

Dr. Angus J. Fraser, chief medical officer of the Workmen's Compensation Board of Mani-

toba from its organization, died at his residence in Winnipeg on May 23. Born in Huron County, Ontario, he came west to Virden district in 1879 at the age of 8. Later he taught school in the district, then attended the University of Manitoba and graduated in Medicine in 1900. In 1929 his text book, "Trauma, Disease, Compensation," the result of his many years of experience as chief medical officer of the Workmen's Compensation Board, was published by the Macmillan Company of Canada. It has been accepted as an authority on the extent and duration of disability arising either from accident or disease.

Gifted with good judgment, calmness and firmness of purpose, he filled his position admirably so that he was respected by workmen, surgeons and fellow officials. The medical profession of Manitoba found him aways fair and reasonable, even under exacting conditions.

Dr. G. W. Rogers

Dr. George Walter Rogers, who had practised in Dauphin for nearly thirty years died in the Dauphin General Hospital on April 28 in his 67th year. Born at Newmarket, Ontario, he came with his family when three years old to Plumas where he received his early education. He graduated in Medicine from the University of Manitoba in 1905 and began practice in Kelwood. In 1914 he moved to Dauphin where he became a leading figure in the life of the community. He was a past president of the Rotary Club and of the Dauphin Liberal Association. For some years he was a member of the executive of the Manitoba Medical Association and in 1935 he was president.

He is survived by his widow and three sons, George, overseas with the Queen's Own Highlanders; Arthur, Winnipeg; and William, R.C. A.F., Toronto.

Walter Rogers' geniality and sincerity won him many friends not only in the medical profession but throughout northwestern Manitoba and in the city of Winnipeg.

North West Medical Association

The first meeting of the year was held at Hamiota May 20th, 1942. The officers of the previous year were re-elected.

Dr. F. W. Jackson, Deputy Minister of Health, spoke on Encephalitis, Dr. A. C. Abbott on Commoner Injuries of the Hand, and Dr. H. D. Kitchen on the Health Insurance Plan.

Dr. Clingan reported progress on the Health Officers organization.

Mrs. Hudson entertained the ladies.

After a delightful luncheon Dr. Scafel drove the speakers to Brandon.

The next meeting will be held at Virden on June 8, 1942. E. D. HUDSON, Secretary.

(Extract from the CANADA GAZETTE *of Saturday, November 8, 1941.)*

[8443]

AT THE GOVERNMENT HOUSE AT OTTAWA

Friday, the 31st day of October, 1941.

PRESENT:

HIS EXCELLENCY THE GOVERNOR GENERAL IN COUNCIL

WHEREAS the Governor General in Council is authoriz under the provisions of paragraph (*k*), subsection 1 section 3 of the Food and Drugs Act, to make regulatio prohibiting the sale or defining the conditions of sale of a substance which may be injurious to health when used as food or drug or restricting in like manner its use as an ingre ient in the manufacture of food or drug;

AND WHEREAS in the opinion of Officers of the Departme of Pensions and National Health, the administration of t drugs named hereunder may result in injury in cases wh diagnosis is not made, nor prescription given, by a prope qualified person;

THEREFORE His Excellency the Governor General in Counc on the recommendation of the Minister of Pensions and Natio Health, is pleased to amend Subdivision 1 of Division 1 of t regulations under the Food and Drugs Act made by Order Council of the 16th August, 1934 (P.C. 123 / 1852), and it hereby further amended by the addition thereto of the follow paragraph to be numbered 15:

15. Except on individual prescription by a duly qualifi physician or dentist, no person shall sell to the general pub for human internal use any drug named or included in following list or any preparation containing any of them:

Aminopyrin, its salts and derivatives; **(Preparations: Pyramidon.)**

Barbituric Acid, its compounds and derivatives; **(Pr parations:— Veronal, Luminol, Gardenal, Phenoba bital, Eleptinal, Epilol, Delvinal Sodium, Nembute Ipral, Lumodrin, Medinal, Dial, Soneryl, Ortal So ium, Epival, Phanodorn, Cibalgin, Proponal, Theo inal, Mebaral, Barbenyl, Barbital Sodium, Adal Luminal, Neuro Trasentin, Neonal, Noctinal, Secona**

Beta-amino propylbenzene (alpha - methyl - phenethyl mine, benzylmethylcarbinamine, racemic desoxy-no ephedrine) and its salts including isomyn and amphe amine, benzedrine, and their salts, except where t drug is in inhalator form in a solid excipient and t labelling includes an appropriate warning or cautio **(Preparations:—Benzedrine, Benzedrine Sulfate.)**

Cinchophen and Neocinchophen; **(Preparations:— At phan, Tolysin.)**

Dilantin Sodium (sodium 5, 5-diphenyl-hydantoina Sodium 2, 4-diketo-5, 5-diphenyl-tetrahydroglyoxalin the mono-sodium salt of 5, 5-diphenyl-hydantoin **(Preparations:—Dipenate).**

Ortho-dinitrophenol, its compounds, homologues a derivatives;

Sulphanilimide (para-amino benzene sulphonamide), salts and derivatives; **(Preparations: — Prontyl Prontosil, Neoprontosil.)**

Sulphapyridine, Sulphathiazole and their salts; **(Pr parations:—Dagenan, Nico-sulfathiozole, Sulfaqui idine, Sulfadiazine, Sulfaguanadine.)**

Thyroid, thyroxin and its salts; **(Preparations:—Incr tone, Hormotone, Protonuclein, Thyractin, Mix Gland Preparations.**

A. D. P. HEENEY,
Clerk of the Privy Counc

In response to an inquiry as to the application of the fo going Order in Council, the Director of Public Health Servic Doctor J. J. Heagerty submitted the following rulings:

1. A physician may phone a prescription but is expected confirm it in writing.
2. A doctor may issue a "repeat" prescription.
3. A dentist may not issue a "repeat" prescription.
4. It is not necessary to keep records in respect of these dru in the same manner as narcotic records are kept, as it is not t intention to exercise the same strict supervision over these dru as in the case with narcotic drugs.

Note: Items indicated in brackets are Proprietary preparatio manufactured from these chemicals.

Personal Notes and Social News

Lieut.-Col. A. M. Davidson, R.C.A.M.C., president of the standing medical board at M.D. 10, is now in Washington, D.C., where he is in charge of medical boards examining Canadians in the U.S.A. who wish to join the Canadian army.

◈ ◈

Surg.-Lieut. Ronald H. McFarlane, formerly of H. M. C. S. Chippewa, Winnipeg, has been transferred to the West coast.

◈ ◈

Captain and Mrs. Glen Hamilton are receiving congratulations on the birth of a daughter. Capt. Hamilton is now serving overseas.

◈ ◈

Dr. J. S. Stewart, formerly of Oak River, Man., is now practicing at Newdale, Man.

◈ ◈

Dr. W. M. Makaroff has left Winnipeg to reside in Gurneyville, California.

◈ ◈

Dr. A. P. Warkentin, formerly located at St. Vital Sanitorium, has taken up practice at Winkler, Man.

◈ ◈

Dr. D. B. Stewart, formerly on the Winnipeg General Hospital staff, has taken up practice at Vita, Man.

◈ ◈

Major Ross H. Cooper who recently returned from overseas, has been appointed officer commanding No. 3 Casualty Clearing Station, R.C.A.M.C., with the rank of Lieutenant-Colonel.

◈ ◈

Dr. H. M. Speechly, provincial coroner for the past thirteen years, having reached the superannuation age, has retired. Dr. Russell Gornell of Winnipeg, has been appointed to the position.

◈ ◈

Dr. Ada I. Wallace of Emerson, Man., has been appointed by the Manitoba Government, as the first woman coroner in the history of the province.

◈ ◈

Capt. and Mrs. Hugh Allen are being congratulated on the arrival of a son, Anthony John. Capt. Allen is serving overseas with the R.C.A.M.C.

◈ ◈

Congratulations are being received by Dr. and Mrs. A. E. McGregor of Sherridon, Man., on the birth of a daughter, May 19th.

◈ ◈

Dr. and Mrs. H. LaMontagne, Academy Road, announce the arrival of a son, Richard Arthurs.

Dr. Avard Irvin Fryer was married to Dr. Grace Dainard on May 26th in Young United Church, Winnipeg. A reception was held at the home of the bridegroom's parents, Dr. and Mrs. Irvin O. Fryer, Furby St. Dr. and Mrs. Fryer will reside in Fort William, Ont.

◈ ◈

Dr. C. V. McClelland, formerly of Dominion City, is now located at Pine Falls, Man.

◈ ◈

Capt. T. I. Brownlee of Russell, Man., is taking a course at Camp Borden.

◈ ◈

Dr. Harold George Hurst, son of the late Dr. R. L. Hurst is engaged to Mary Drysdale, only daughter of Mr. and Mrs. De Armond, the wedding to take place June 13th.

◈ ◈

Dr. Anthony W. Natsuk, elder son of Mr. and Mrs. A. Natsuk, of Winnipeg, is to be married to Rose, youngest daughter of Mr. and Mrs. W. Bodnar, of Brandon, on June 21st, at Brandon.

◈ ◈

Dr. E. W. Samson with his wife and daughter Joan, were recent visitors to Winnipeg, where they were guests of Dr. Samson's parents.

Department of Health and Public Welfare

COMMUNICABLE DISEASE REPORT

March 26—April 22, 1942

MEASLES: Total 785—Winnipeg 537, Portage la Prairie City 54, Brandon 32, St. James 26, Lansdowne 12, St. Boniface 12, Portage la Prairie Rural 10, Emerson Town 9, Rockwood 8, Unorganized 7, Montcalm 5, Piney 4, St. Vital 4, Tuxedo Town 4, Fort Garry 3, LaBroquerie 3, Virden 3, Franklin 2, Norfolk North 2, Springfield 2, Tache 2, Wallace 2, Beausejour Town 1, Cypress South 1, Dauphin Town 1, Elton 1, Flin Flon 1, Hamiota Rural 1, Kildonan East 1, Lac Du Bonnet 1, Langford 1, Neepawa Town 1, Pembina 1, Rhineland 1, Rivers Town 1, Souris Town 1, Swan River Town 1, Woodlands 1. (Late Reported: Wallace 7, Portage la Prairie City 6, Brandon 4, Unorganized 3, Springfield 2, Bifrost 1, Emerson Town 1, Neepawa Town 1, Transcona 1.)

MUMPS: Total 443—Winnipeg 145, Brandon 97, Selkirk 44, Tuxedo 37, Unorganized 20, Transcona 16, St. James 11, Fort Garry 11, Portage la Prairie City 9, Minnedosa 6, Hamiota Rural 5, St. Boniface 5, Whitehead 4, Emerson Town 3, Hamiota Village 3, Wallace 3, Kildonan West 3, Daly 2, Dauphin Town 2, Norfolk North 2, Portage la Prairie Rural 2, Virden Town 2, Brenda 1, Brooklands Village 1, Kildonan East 1, Morris Town 1, Woodworth 1. (Late Reported: Selkirk 2, Rockwood 2, Wallace 1, Fort Garry 1.)

SCARLET FEVER: Total 194—Winnipeg 58, Brandon 58, Tuxedo 22, Fort Garry 11, St. James 10, Portage la Prairie City 7, Oak Lake Town 3, Cypress North 2, Kildonan East 2, Portage la Prairie Rural 2, Rockwood 2, Rosser 2, St. Boniface 2, Dauphin Town 1, Gilbert Plains Rural 1, Stonewall Town 1, St. Vital 1, Unorganized 1. (Late Reported: Fort Garry 5, Tuxedo 2, Kildonan West 1.)

CHICKENPOX: Total 164—Winnipeg 83, St. Boniface 7, Lansdowne 6, Tuxedo 4, Unorganized 4, Brooklands 3, Brandon 2, Flin Flon 2, Arthur 1, Dauphin Town 1, Fort Garry 1, Montcalm 1, St. James 1. (Late Reported: Lakeview 39, Kildonan East 4, Brandon 2, Arthur 1, Edward 1, Unorganized 1.)

TUBERCULOSIS: Total 39—Winnipeg 17, Unorganized 5, Brandon 2, Lorne 2, Portage la Prairie Rural 2, Cartier 1, DeSalaberry 1, Fort Garry 1, Hamiota Rural 1, Kildonan North 1, Kildonan West 1, Portage la Prairie City 1, Stanley 1, St. Boniface 1, Wallace 1, Whitemouth 1.

SEPTIC SORE THROAT: Total 35—Brandon 1, Selkirk Town 1, St. Boniface 1, Whitewater 1. (Late Reported: Selkirk Town 19, Springfield 12.)

GERMAN MEASLES: Total 23—Brandon 10, Tuxedo 6, Hamiota Rural 3, Portage la Prairie City 2, Melita Town 1, Norfolk North 1.

INFLUENZA: Total 21—Brandon 5, Winnipeg 4, Unorganized 3, Portage la Prairie Rural 1, St. James 1. (Late Reported: Dauphin Town 2, Bifrost 1, Cameron 1, Morton 1, Portage la Prairie City 1, St. Vital 1.)

WHOOPING COUGH: Total 20—Unorganized 5, Transcona Town 3, Gilbert Plains Rural 1, Winnipeg 1. (Late Reported: Gilbert Plains Rural 4, Gilbert Plains Village 4, Flin Flon 1, Unorganized 1.

DIPHTHERIA: Total 19—Winnipeg 7, Fort Garry 2, Tuxedo 2, Cartier 1, Kildonan West 1, Morris Rural 1, Portage la Prairie Rural 1, St. Boniface 1, St. Clements 1, St. Vital 1. (Late Reported: Kildonan West 1.)

ERYSIPELAS: Total 18—Winnipeg 4, Brooklands Village 2, Unorganized 2, Brandon 1, Lac du Bonnet 1, Macdonald 1, Portage la Prairie City 1, Selkirk Town 1. (Late Reported: Selkirk 2, Cameron 1, Grey 1, Winchester 1.)

LOBAR PNEUMONIA: Total 14—Brandon 2, Hanover Rosedale 1, Unorganized 1. (Late Reported: Hanover Cartier 1, Gimli 1, Cypress South 1, Ellice 1, Neepawa Stonewall 1, The Pas 1, Unorganized 1.)

ANTERIOR POLIOMYELITIS: Total 3—St. Boniface 1. (La Reported: St. Andrews 1, Tuxedo 1.)

MENINGOCOCCAL MENINGITIS: Total 2—Ste. Rose Rur 1, Winnipeg 1.

ENCEPHALITIS: Total 2—(Late Reported: Stanley 1, Whit mouth 1.

VENEREAL DISEASE: Total 138—Gonorrhoea 91, Syphil 47.

DEATHS FROM COMMUNICABLE DISEASES

March, 1942

URBAN—Cancer 39, Pneumonia Lobar 4, Pneumonia (oth forms) 12, Tuberculosis 8, Influenza 5, Syphilis 5, Letharg Encephalitis 1, Puerperal Septicaemia 1. Other deaths und one year 19. Other deaths over one year 194. Stillbirths 1 Total 307.

RURAL—Cancer 20, Tuberculosis 14, Pneumonia Lobar Pneumonia (other forms) 7, Influenza 5, Syphilis 2, Whoo ing Cough 2. Other deaths under one year 22. Other deat over one year 136. Stillbirths 14. Total 224.

INDIAN—Tuberculosis 5, Influenza 2, Pneumonia Lobar Cancer 1, Pneumonia (other forms) 1. Other deaths und one year 5. Other deaths over one year 2. Total 18.

1941 Registrations received in March, 1942

RURAL—Tuberculosis 1. Other deaths under one year 1. Oth deaths over 1 year 4. Total 6.

INDIAN—Other deaths under one year 1. Total 1.

DISEASES	Manitoba Mar. 26-April 22	Ontario Mar. 22-April 18	Saskatchewan Mar. 22-April 18	Minnesota Mar. 22-April 18	North Dakota
Anterior Poliomyelitis	1				
Meningococcal Meningitis	2	28	2	1	
Chickenpox	216	949	126	389	
Diphtheria	18	18	5	9	
Erysipelas	13	9	3	5	
Influenza	14	48	55	4	1
Measles	759	737	204	3303	22
German Measles	23	254	69		
Mumps	437	1703	833		
Dysentery — Amoebic					
Puerperal Fever		1	1		
Scarlet Fever	186	1113	145	340	8
Septic Sore Throat	4	7	4		
Smallpox			2		
Trachoma					
Tuberculosis	39	177	34	56	4
Typhoid Fever		6		1	
Typh. Para-Typhoid		5	8		
Undulant Fever		4			
Whooping Cough	10	301	19	136	3
Gonorrhoea	77	481			3
Syphilis	58	462			1

Although one case of Anterior Poliomyelitis has been repor ed in Manitoba and one in North Dakota, this is no more tha usual in any year. Measles, Mumps and Scarlet Fever are sti quite prevalent.

Shortly after this issue appears, we should be on the ale for cases of Poliomyelitis and Encephalitis. Prompt reportin will be greatly appreciated by the Department.